

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	WATTS-001A
	First Named Inventor	WATTENBARGER ET AL.
	COMPLETE IF KNOWN	
	Application Number	/ NOT YET ASSIGNED
	Filing Date	HEREWITH
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GO-KART CHEST PROTECTOR

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

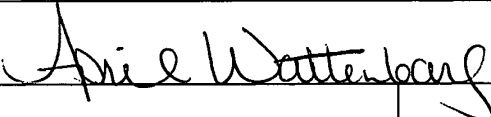
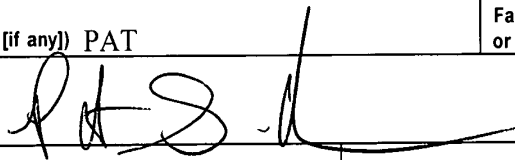
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		OR <input type="checkbox"/>	Correspondence address below
Name MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER					
Address 75 Enterprise, Suite 250					
City Aliso Viejo		State CA		ZIP 92656	
Country USA		Telephone (949) 855-1246		Fax (949) 855-6371	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) APRIL			Family Name or Surname WATTENBARGER		
Inventor's Signature 				Date 12-1-03	
Residence: City BAKERSFIELD		State CA		Country USA	
Citizenship USA					
Mailing Address 7801 PENNY MARIE AVENUE					
City BAKERSFIELD		State CA		ZIP 93308	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) PAT			Family Name or Surname CALLAHAN		
Inventor's Signature 				Date 12-1-03	
Residence: City BAKERSFIELD		State CA		Country USA	
Citizenship USA					
Mailing Address 6201 SUMMER COURT					
City BAKERSFIELD		State CA		ZIP 93308	
Country USA					
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	NOT YET ASSIGNED
Filing Date	HEREWITH
First Named Inventor	WATTENBARGER ET AL.
Title	GO-KART CHEST PROTECTOR
Group Art Unit	
Examiner Name	
Attorney Docket Number	WATTS-001A

I hereby appoint:

☒ Practitioners at Customer Number

007663

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

MATTHEW A. NEWBOLES

Address STETINA BRUNDA GARRED & BRUCKER

Address 75 ENTERPRISE, SUITE 250

City ALISO VIEJO State CA Zip 92656

Country USA

Telephone (949) 855-1246 Fax (949) 855-6371

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name APRIL WATTENBARGER

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	NOT YET ASSIGNED
	Filing Date	HEREWITH
	First Named Inventor	WATTENBARGER ET AL.
	Title	GO-KART CHEST PROTECTOR
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	WATTS-001A

I hereby appoint:

☒ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

MATTHEW A. NEWBOLES

Address STETINA BRUNDA GARRED & BRUCKER

Address 75 ENTERPRISE, SUITE 250

City ALISO VIEJO State CA Zip 92656

Country USA

Telephone (949) 855-1246 Fax (949) 855-6371

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name PAT CALLAHAN

Signature

Date

12-5-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.